

## Absentee or Mail Ballot Replacement Ballot Request

This request is for replacement mail or absentee ballots. Inactive electors who are reactivating do not need to fill out this form.

| FILED WITH ELECTION ADMINISTRATOR  |  |               |   |                      |                |                       |
|--|--|---------------|---|----------------------|----------------|-----------------------|
| Name:_   |  |               |   |                      |                |                       |
| I do hereby request a replacement ballot for the election to be held   |  |               |   |                      |                |                       |
| ()   | I did not receive the ballot mailed to me. |               |   |                      |                |                       |
| ()   | My ballot contains a printing error.       |               |   |                      |                |                       |
| ()   | The ballot mailed to me has been:          |               |   |                      |                |                       |
|  | () spoiled                                 | () damaged    |   |                      |                |                       |
|  | () lost                                    | ( ) destroyed | I   |                      |                |                       |
| I hereb  | ·  |               | that the above information is t<br>n of Montana election law. | true and correct, an | nd that I unde | erstand attempting to |
| Signature of Elector   |  |               |   | Date                 |                |                       |
| Optional - Designation of another person to pick up absentee ballot  |  |               |   |                      |                |                       |
| I, the elector who signed above, hereby designate to pick up my replacement absentee ballot. I understand that my original issued absentee ballot will be voided before a replacement absentee ballot may be issued. |  |               |   |                      |                |                       |
| Optional - Receipt of absentee ballot by designee  |  |               |   |                      |                |                       |
| On this  | day of                                     | , 20          | , I received the replacement                                  | absentee ballot for  | the applicar   | nt named above.       |
| Signature of designee  |  |               | <del></del> -   | Date                 |                |                       |